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ABSTRACT

A course in communication skills that is provided to all freshmen dental students at the University of Mississippi School of Dentistry is described. The course is based primarily on the human relations training models of Blakeman (1975), Carkhuff (1969), and Egan (1975), and consists of six modules devoted to the skills of structuring, attending, basic responding, additive responding, asserting, and terminating. The model is developmental and sequential in that each stage is successful to the degree that the preceding stage has been mastered. While a combination of traditional classroom lecture, small group skills practice, and individualized and self-paced assignments is used, the attending and responding skills stages receive the greatest emphasis. Audiotape and videotape feedback and critique and realistic patient encounters are generated by role playing. Students are pretested and posttested on the discrimination and communication skills using a standardized five-point rating scale developed by Carkhuff (1969). Response measures include use of written responses to written, audiotape, and videotape stimulus material as well as use of taped verbal responses to role playing patients. A chart indicating specific verbal and nonverbal ways of communicating in accordance with the developmental communication model is presented, along with examples of communication to which the dentist needs to respond, and data indicating pretest and posttest scores on the discrimination and communication indexes. (SW)

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# A COMMUNICATION SKILLS TRAINING COURSE FOR DENTAL STUDENTS

Recent references (Dworkin et al., 1978; Rachman & Philips, 1980) have noted the importance of the behavioral sciences as a viable part of the dental curriculum and of the practice of dentistry. Such references have pointed out that the attitudes and behaviors of the dentist are directly related to the fear and anxiety of the patient and furthermore that the dentist-patient relationship is a significant factor in motivating patients to seek and accept dental treatment, to involve themselves in their own oral health care, and to comply with recommendations made by the dentist.

More specifically, it has been suggested that effective communication, whether seen as facilitating the doctor-patient relationship or improving the efficiency of staff functioning, is essential for success in dental practice (Brown, in press). The Forward Plan of the National Institute of Mental Health (Brown, 1977) specifies the need for primary service providers in the health care system to improve their communication and relationship skills as well as their technological skills. The Council on Dental Education of the American Dental Association (1977) also has noted this issue recently in their summary of recommendations for dental school curricula:

> The dental schools should evaluate the adequacy of their current program offerings in the area of practice management skills and effective communication with patients and....increase their allocation of time and resources devoted to training of students in these skills. (p. 150)

Some writers (Froelich et al., 1976; Peitchinis, 1976; Smith, 1974) have suggested that health care professionals, including dentists, have a tendency to confront patients inappropriately, communicate within a predominately question and answer format with patients, and use a small number of the response

alternatives available to them. This approach in dealing with patients places the patient on the defensive and adds to the anxiety and frustration felt by the patient and ultimately makes the task of treating that patient more difficult. As a consequence of these observations and data, it would appear that there is an obvious need for the development and implementation of effective communication skills training in dental education programs if patient care and dentist-patient relationships are to be improved.

In response to this obvious need, a course in communication skills is provided for all freshmen dental students at the University of Mississippi School of Dentistry. The course is based primarily on the human relations training models of Blakeman (1975), Carkhuff (1969a, 1969b) and Egan (1975). As such, the course is systematic and developmental in nature, progressing through six modules devoted to the skills of (1) structuring, (2) attending, (3) basic responding, (4) additive responding, (5) asserting, and (6) terminating.

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Insert Figure 1 about here

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It should be noted that this model is conceptualized as developmental and sequential in that each stage is successful to the degree that the preceeding stage has been mastered. For example, if the students' attending, that is, non-verbal, skills are weak, then responding skills of empathizing and personalizing will be difficult to exhibit and utilize. Sixteen hours of class time are devoted to the communication skills course. While the entire developmental sequence is covered utilizing a combination of traditional classroom lecture, small group skills practice, and individualized, self-paced assignments, the attending and responding skills stages receive the greatest emphasis in terms of application of class hours.

Although classes are relatively large, approximately 45 to 50, individualized and small group skills are emphasized and made possible by extensive use

of audio- and videotape feedback and critique. Realistic patient encounters are generated with staff, faculty, and fellow students role-playing as patients.

An important aspect of the course involves pre-testing and post-testing of the students on the skills of discrimination and communication, that is, the ability to discriminate the cognitive and emotional aspects of the patient's message accurately and to offer a response that communicates that understanding. A standardized five-point rating scale developed by Carkhuff (1969a) is used to assess these skills. Response measures employed include use of written responses to written, audio- and videotape stimulus material as well as use of taped verbal responses to role playing patients. The validity of the Carkhuff five-point rating scales has been discussed extensively in the literature. Generally, individuals trained in the use of the rating scale are able to rate written and taped statements with a high degree of consistancy and accuracy. The communication index includes a series of statements by patients to which the student is requested to write the most helpful response that can be made by a dentist in that situation. The responses are then rated utilizing the Carkhuff scale. The discrimination index consists of a series of statements by patients

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Insert Figure 2 about here

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each followed by four responses by dentists that vary in helpfullness as defined by the training model. Using the discrimination scale, the average deviation

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Insert Figure 3 about here

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score for each student is computed. That is, each rating of the student may deviate from the answer key by a score varying from .00 to 5.0. If the student's rating of responses were all correct, that is match the answer key exactly, the score on the discrimination scale would be .00. Thus, on the discrimination

scale the lower the score the more accurate the student is in discriminating between effective and ineffective responses.

Using non-parametric matched pairs signed ranks analyses (Wiersma, 1975), pre and post-test scores on both the discrimination and communication scales were evaluated for significant differences. Results showed that both post-test

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Insert Table 1 about here

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scores on the dis. .mination and communication scales were significantly different from the pre-test scores. In other words, the data indicate significant

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Insert Table 2 about here

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gains in the ability of students to discriminate responses that may be helpful to patients from those that may be harmful and their ability to perceive the feelings and content of messages and to respond to those messages verbally so that the patient feels understood. These basic empathy and personalizing skills have been shown to be an essential element in effective interpersonal relationships in the counseling psychology literature.

This course is undergoing constant assessment and revision as to the most effective way to deliver the skills specified in this particular training model. Movement is being made toward increasing emphasis on self-paced individualized training for much of the cognitive material thus saving class time for small group and dyad skills practice on the key attending and responding skills. In addition, patient appointment maintenance and patient evaluation of dental treatment as a function of dental communication skills are currently being examined.

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FIGURE I COMMUNICATION SKILLS TRAINING MODEL

| STRUCTURING | ATTENDING | RESPONDING: BASIC SKILLS | RESPONDING: ADDITIVE SKILLS | ASSERTING | TERMINATING |
|---|---|---|---|---|---|
| Establishing a Positive Environment<br><br>Setting Mutual Expectations | Posturing<br><br>Observing<br><br>Listening | Empathizing<br><br>Personalizing | Being Concrete<br><br>Being Genuine<br><br>Summarizing | Questioning<br><br>Confronting<br><br>Self-Disclosure | Surveying<br><br>Specifying |



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FIGURE 2 COMMUNICATION INDEX EXCERPTS

STATEMENT 1

PATIENT TO DENTIST: "FIVE HUNDRED DOLLARS! JUST A YEAR AGO IN MEMPHIS I SPENT SEVEN HUNDRED DOLLARS AND SUPPOSEDLY I HAD EVERYTHING TAKEN CARE OF. HOW CAN I POSSIBLY NEED THAT MUCH WORK DONE NOW? IT JUST DOESN'T MAKE SENSE TO ME."

YOUR RESPONSE AS THE DENTIST:

STATEMENT 2

ASSISTANT TO DENTIST: "NOTHING SEEMS TO BE GOING RIGHT. I FEEL SO USELESS. I STUDY THE PROCEDURES WE ARE GOING TO DO THE NIGHT BEFORE AND THEN I STILL MAKE MISTAKES. NO MATTER WHAT I DO I SEEM TO BE IN YOUR WAY AND TO BE SLOWING YOU DOWN."

YOUR RESPONSE AS THE DENTIST:

FIGURE 3 DISCRIMINATION INDEX EXCERPTS

1. PATIENT TO DENTIST: I KNOW YOU EXPLAINED TO ME THAT THIS TOOTH NEEDS A CROWN, BUT IS THERE ANY OTHER WAY? THERE'S JUST NO WAY I CAN COME UP WITH THE MONEY.

_____1. LOOK, I EXPLAINED THE REASONS TO YOU AND THE TREATMENT PROCEDURE. THAT'S ALL I CAN DO.

_____2. YOU'RE WONDERING IF THERE'S A LESS EXPENSIVE WAY OF RELEIVING THE PAIN THAN THE CROWN. IN THIS CASE I DON'T THINK SO. PERHAPS WE CAN WORK OUT A PAYMENT PLAN.

_____3. THAT'S AS CHEAP AS I CAN DO IT UNDER THE CIRCUMSTANCES. YOUR TOOTH NEEDS THE CROWN OR ELSE YOU WILL CONTINUE TO EXPERIENCE PAIN.

_____4. YOU FEEL CONCERNED ABOUT THE COST OF THE CROWN AND IF THERE'S ANOTHER LESS EXPENSIVE WAY TO SOLVE THE PROBLEM YOU WOULD LIKE TO CONSIDER THAT.

2. CHILD TO DENTIST: I HATE COMING TO THE DENTIST. IT USUALLY HURTS AND THE PAIN SCARES ME.

_____1. YOU DON'T LIKE HAVING YOUR TEETH WORKED ON.

_____2. COMING TO SEE ME MAKES YOU FEEL SCARED AND NERVOUS BECAUSE IT MIGHT HURT. IT'S PROBABLY BEEN THAT WAY IN THE PAST TOO.

_____3. OH, YOU SHOULDN'T BE AFRAID OF DENTISTS.

_____4. WELL DON'T WORRY; AN HOUR FROM NOW IT WILL BE OVER.

TABLE 1

MEDIAN PRETEST AND POSTTEST SCORES ON DISCRIMINATION AND COMMUNICATION INDEXES

| SCALE | PRETEST | POSTTEST | N |
|---|---|---|---|
| Discrimination Index | 1.25 | .65 | 45 |
| Communication Index | 1.40 | 3.00 | 45 |

TABLE 2

ANALYSIS OF PRE-POST SIGN TESTS FOR DISCRIMINATION AND COMMUNICATION INDEXES

| SCALE | POSITIVE SIGN CHANGES | NEGATIVE SIGN CHANGES | SIGN Z |
|---|---|---|---|
| Discrimination Index | 42 | 3 | 5.67* |
| Communication Index | 45 | 0 | 6.57* |

Note - N=45

*$p < .001$